

<div style="display: flex; justify-content: space-between;"> <div> <b>A</b>  <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> <div>           SERIAL NO. <b>16/014391</b>            FILING DATE _____            APPLICANT _____         </div> </div>						
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